

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002264

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

FILED <sup>157</sup> JAN 30 1962 Primary Registration District No. 3028 Registrar's No. 16

STATE FILE NUMBER

AMENDED

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jasper</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Jasper</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1734 S. Maple St</b>		Length of stay in 1b <b>50 yrs</b>		c. CITY OR TOWN <b>Carthage</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>1734 S. Maple St</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1734 S. Maple St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>JOHN</b>		Middle <b>A</b>		Last <b>GOLL</b>		Month Day Year <b>Jan. 23, 1962</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-26-83</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. manufacturer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>manufacturing</b>		11. BIRTHPLACE (City and state or country) <b>Cass County, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>George W. Goll</b>			13b. MOTHER'S MAIDEN NAME <b>Melissa Hallett</b>			14. NAME OF HUSBAND OR WIFE <b>Anna Munson Goll</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				17. INFORMANT Address <b>Chas. Goll, Rt 1, Jasper, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b>						<b>4-5 hrs.</b>	
DUE TO (b) <b>Congestive Heart Failure</b>						<b>1-2 yrs.</b>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>2-7-58</b> to <b>1-23-62</b> and last saw her/him alive on <b>1-22-62</b>				Death occurred at <b>1:50</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Shoua S. Patterson MD</b>				22b. ADDRESS <b>Carthage, Mo</b>		22c. DATE SIGNED <b>1-23-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>1-25-62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Carthage, Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>KNELL MORTUARY, Carthage, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>1-24-62</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.